

**Rhode Island Fire Academy**  
**Course Reimbursement Information**

**INSTRUCTOR INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
PO No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Business Phone

**COURSE INFORMATION**

Course Title	Date	Location (Hosting Dept)	Time: Begin / End	Hours
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____
_____	_____	_____	____ / ____	_____

**TOTAL HOURS:** \_\_\_\_\_

**INSTRUCTOR'S SIGNATURE:** \_\_\_\_\_

**COORDINATOR'S SIGNATURE:** \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

----- **OFFICE USE** -----

\_\_\_\_\_ HOURS @ \$ 25 / HOUR

**TOTAL AMOUNT DUE:** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_